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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auth	orizea Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M	5
WOMEN SPEAK OUT	PAC			
ADDRESS (number and street)	2800 Shirlington Rd			
▼ Check if different	Suite 1200			
than previously reported. (ACC)	Arlington		VA	22206
2. FEC IDENTIFICATION NU	JMBER ▼ CITY	<b>′</b> ▲	STATE ▲	ZIP CODE ▲
C C00530766	3. IS		OR AM	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		20 (M3) Jun 20 (I		(Non-Election Year Only)
April 15 Quarterly Report (C	01)	20 (M4) Jul 20 (M	-	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C	PRF-Flection	Primary (12P)	<b>✗</b> General (	12G) Runoff (12R)
October 15 Quarterly Report (C	Report for the:	Convention (12C)	Special (	12S)
January 31 Year-End Report (Y	Floation	on 11 06	2018	in the State of
July 31 Mid-Year Report (Non-electio Year Only) (MY)	n (d) 30-Day POST-Election	General (30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Report for the:	on/	/ Y = Y = Y = Y	in the State of
5. Covering Period 10		through 10	) 17	2018
I certify that I have examined the Type or Print Name of Treasure	Buchanan, Emily, , ,	my knowledge and belief it i	s true, correct and	l complete.
Signature of Treasurer	anan, Emily, , ,	[Electronically Filed]	Date 10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, errone	eous, or incomplete information	may subject the person signi	ng this Report to th	e penalties of 52 U.S.C. § 30109
Office Use Only				FEC FORM 3X Rev. 05/2016

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name WOMEN SPEAK OUT PAC 10 01 2018 10 17 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 57634.34 January 1, 2018 (b) Cash on Hand at 591286.73 Beginning of Reporting Period..... 489012.00 1085282.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1142916.34 1080298.73 6(a) and 6(c) for Column B)..... 407561.09 470178.70 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 672737.64 672737.64 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 113371.54 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### WOMEN SPEAK OUT PAC

port Covering the Period: From:	01 Y Y Y Y Y Y Y T T T T T T T T T T T T	o: 10 / 17 / 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(i) Itemized (use Schedule A)	486750.00	1082750.00
(ii) Unitemized	2262.00	2532.00
Lines 11(a)(i) and (ii)	489012.00	1085282.00
	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	489012.00	1085282.00
	0.00	0.00
All Loans Received	0.00	0.00
1 1	0.00	0.00
(Carry Totals to Line 37, page 5)	0.00	0.00
Political Committees	0.00	0.00
· ·		
Transfers from Non-Federal and Levin Funds	0.00	0.00
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	I. Receipts  Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	I. Receipts  Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)	1510.111010100	Jaionaa Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	3957.78	6838.27
Expenditures(c) Total Operating Expenditures	3337.10	3000.27
(add 21(a)(i), (a)(ii), and (b))▶  Transfers to Affiliated/Other Party	3957.78	6838.27
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	25000.00
Independent Expenditures	402602.24	427440.42
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	403603.31	437140.43
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	4	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
. Other Disbursements (Including		
Non-Federal Donations)	0.00	1200.00
Federal Election Activity (52 U.S.C. § 30101  (a) Allocated Federal Election Activity  (from Schedule H6)	(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	407561.09	470178.70
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	407561.09	470178.70

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 489012.00 1085282.00 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 1085282.00 489012.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 3957.78 6838.27 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 3957.78 6838.27 (subtract Line 37 from Line 36) ......

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

l	F	OR	LINE	NU	MBER	:	PAGE	6	OF	52
l	(0	che	ck only	or	ne)					
l		X	11a		11b		11c	12	2	
l			13		14		15	16	6	17

	d Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		
Full Name of Individual (Last, First, Middle Chandler, Thomas, H., ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 236 Mecca Drive		10 16 2018
City	State Zip Code	Transaction ID : SA11AI.10118
San Antonio	TX 78232-2209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Orion Partners Inc	Occupation (for Individual) Investments	Memo Item
Receipt For: 2018  Primary   General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Duncan, Jan, , , Mailing Address 2980 Lazy Lane Boulevard		Date of Receipt
		10 04 2018
City	State Zip Code	Transaction ID : SA11AI.9999
Houston	TX 77019-1302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100000.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: 2018  Primary	Aggregate Year-to-Date ▼ 100000.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 18 Briarwood S		10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oak Brook	State   Zip Code   IL   60523-8702	Transaction ID : SA11AI.10116
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer (for Individual) Info Requested	Occupation (for Individual) Info Requested	Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	100750.00
TOTAL This Period (last page this line numb	per only)	1 1 40 1 1 40 1 1 40

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FC	R	LINE	PAGE		7	OF	52			
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	;	17

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		
Full Name of Individual (Last, First, Middle I Moran, Colin, , ,  Mailing Address 157 East 81st Street Apt. 3c  City New York  FEC ID number of contributing federal political committee.		Date of Receipt  10 09 2018  Transaction ID : SA11AI.10001  Amount of Each Receipt this Period  25000.00
Name of Employer (for Individual)  Info Requested  Receipt For: 2018  Primary ✗ General  Other (specify) ▼	Occupation (for Individual) Info Requested  Aggregate Year-to-Date ▼  25000.00	Memo Item
Full Name of Individual (Last, First, Middle I Sekula-Gibbs, Shelley, , ,  Mailing Address 67 Lakeside Cove  City The Woodlands	State Zip Code TX 77380-1679	Date of Receipt  10 10 2018  Transaction ID: SA11AI.10004  Amount of Each Propert this Period
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) Retired  Receipt For: 2018  Primary  General  Other (specify) ▼	C  Occupation (for Individual) Physician  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  500.00  Memo Item
Full Name of Individual (Last, First, Middle I Singer, Paul, , ,  Mailing Address 40 West 57th Street Floor 30  City  New York  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Elliot Managment Group  Receipt For: 2018  Primary  General  Other (specify)		Date of Receipt  10 09 2018  Transaction ID: SA11AI.10002  Amount of Each Receipt this Period  250000.00  Memo Item
SUBTOTAL of Receipts This Page (optional)	<u> </u>	275500.00
TOTAL This Period (last page this line numbe	er only)	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

F	FOR LINE NUMBER:							8	OF	52
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

	nd Statements may not be sold or used by any pe the name and address of any political committee	
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		
Full Name of Individual (Last, First, Middle Suter, George, B., ,  Mailing Address 2580 Greenwood Acres D		Date of Receipt
Maining Address 2500 Greenwood Acres D	nve	10 11 2018
City	State Zip Code	Transaction ID : SA11AI.10005
Dekalb	IL 60115-4913	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100000.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: 2018  Primary	Aggregate Year-to-Date ▼ 100000.00	
Full Name of Individual (Last, First, Middle Trinko, Thomas, , ,  Mailing Address 4706 Jaques Court	e Initial) or Full Organization Name	Date of Receipt
·		10 13 2018
City	State Zip Code	Transaction ID : SA11AI.10073
Fremont	CA 94555-2531	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer (for Individual) Lockheed Martin	Occupation (for Individual) Physicist	Memo Item
Receipt For: 2018 Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	5000.00	
Full Name of Individual (Last, First, Middle Ware, Don, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3341 Love Circle		10 15 2018
City	State Zip Code	Transaction ID : SA11AI.10112
Nashville	TN 37212-3223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Info Requested	Occupation (for Individual) Info Requested	Memo Item
Receipt For: 2018	Aggregate Year-to-Date ▼	
Primary X General Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional	)	105500.00
TOTAL This Period (last page this line numl	ber only)	

#### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

F	OR	LINE	PAGE	9	OF	52			
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports an or for commercial purposes, other than using			rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			
Full Name of Individual (Last, First, Middle Wildner, Colleen, , ,  Mailing Address 38826 Venetian Drive	Initial) or Full Organizati	on Name	Date of Receipt  10 15 2018
City	State Zip	Code	10 15 2018 Transaction ID : SA11AI.10110
Harrison Township		3045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) Info Requested	Occupation (	for Individual) ted	Memo Item
Receipt For: 2018  Primary   General  Other (specify) ▼	Aggregate Year-to-l	Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Young, Thomas, , ,  Mailing Address P.O. Box 1210	Initial) or Full Organizati	on Name	Date of Receipt
	Charles 7	Codo	10 16 2018
City Sylvania		Code 5560-5210	Transaction ID : SA11AI.10119  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer (for Individual) Self-employed		(for Individual) nsultant/investor	Memo Item
Receipt For: 2018  Primary   General  Other (specify) ▼	Aggregate Year-to-l	Date ▼ 750.00	
Full Name of Individual (Last, First, Middle Zaytoun, Mary Paula, , ,	Initial) or Full Organizati	on Name	Date of Receipt
Mailing Address 809 Lakestone Drive	Ctoto 7:	Codo	10 16 2018
City Raleigh	I '	Code 609-6343	Transaction ID : SA11AI.10121  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		4000.00
Name of Employer (for Individual) Self-Employed	Occupation (	for Individual) ed	Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggregate Year-to-l	Date ▼ 4000.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	5000.00
TOTAL This Period (last page this line numb	per only)		486750.00

#### S 17

S	CHEDULE B (FEC Form 3X)			E NUMBER: PAGE 10 OF 52								
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	I ` —	eck onl	·		г			-	
			Summary Page		21b 28a	22 28b	23		26 29	27	/ 0b	
Δ.,	winformation coming from such Deports and Chate											
	y information copied from such Reports and State for commercial purposes, other than using the national state.											
$\setminus$	NAME OF COMMITTEE (In Full)											
	WOMEN SPEAK OUT PAC											
٨	Full Name (Last, First, Middle Initial)					Doto	f Diobur	room	ont			
A.	Anedote, Inc					Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	Mailing Address 1920 McKinney Ave, 7th Floor											
	City	State	Zip Code			FEC Identification Number						
	Dallas	TX	75201								7	
	Purpose of Disbursement credit card processing fees				7	C						
	Candidate Name					1			) : SB21			
	Candidate Name			Categ Typ		Amoun	t of Eac	:h D	isburser	ment th	is Period	
	Office Sought: House Disburse	ment For:		1 7 1		- 1				234	6.87	
	Senate	Primary	General								780	
	President	Other (spe	cify) ▼			Me Me	emo Iten	n				
	State: District:	'					,,,,,					
_	Full Name (Last, First, Middle Initial)											
В.	Authorize.net					Date o	f Disbur	sem	ent			
	Mailing Address P.O. Box 947					10	/ D	02	/ Y	2018		
	Mailing Address P.O. Box 947											
	City	State	Zip Code			FEC. Id	lentificat	ion	Number			
	American Fork	UT	84003-0947									
	Purpose of Disbursement credit card processing fees											
	Candidate Name				البع	Transaction ID : SB21B.9997						
				Categ Typ		Amount of Each Disbursement this Peri						
	Office Sought: House Disburse	ment For:										
	Senate	Primary	General								74-	
	President	Other (spe	cify)			Me	emo Iten	n				
_	State: District:											
C.	Full Name (Last, First, Middle Initial)  Edson, Tim, , ,					Date o	f Disbur	sem	ient			
						M M	/ D	■ D	/ Y	Υ	ΥΥΥ	
	Mailing Address 2800 Shirlington Rd					10	J L	80	┙┖	2018	3	
	Suite 1200 City	State	Zip Code									
	Arlington	VA	22206			FEC Id	lentificat	ion	Number	'		
	Purpose of Disbursement			_	_	С						
	Reimbursement			L.			ansaction	on II	D : SB21	1B.1015	55	
	Candidate Name			Categ		Amoun	t of Eac	h D	isburser	ment th	is Period	
	Office Sought: House Disburse	mont Fam		Тур	е					120	97.00	
	Office Sought: House Disburse Senate	ment For:	General				-	-	-	138	77.00	
	President	Primary General Other (specify) ▼										
	State: District:	(open, j / •				Memo Item						
Г	ı					<u> </u>		=		-		
s	UBTOTAL of Disbursements This Page (optional).				▶		1 75		1 70	378	84.22	
$\vdash$					-		-	_		-		
Ιт	OTAL This Period (last page this line number only	)										

	EMIZED DISBURSEMENTS	Lies consusts selective(s)   TOTT EINE							
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may n ne and addre	ot be sold or used ess of any political	d by any person	n for the purpose of soliciting contributions solicit contributions from such committee.				
$\rangle$	NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC								
۹.	Full Name (Last, First, Middle Initial) Intuit  Mailing Address 2700 Coast Ave		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City Mountain View	State CA	Zip Code 94043		FEC Identification Number				
	Purpose of Disbursement credit card processing fees  Candidate Name  Office Sought: House Disburser	processing fees Name Category/ Type							
	Senate	Primary Other (spec	General ify) ▼		173.56  Memo Item				
3.	Full Name (Last, First, Middle Initial)  Mailing Address		Date of Disbursement						
		State	Zip Code		FEC Identification Number				
	Candidate Name	Category/ Type							
	Senate	Primary Other (spec	General		Memo Item				
С.	Full Name (Last, First, Middle Initial)		Date of Disbursement						
	Mailing Address		T=						
	City Surpose of Disbursement	State	Zip Code		FEC Identification Number				
	Candidate Name  Category/ Type				Amount of Each Disbursement this Period				
	Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General wify) ▼		Memo Item				
s	UBTOTAL of Disbursements This Page (optional)			·····	173.56				
T	OTAL This Period (last page this line number only)								

# SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 52

FOR LINE 13 OF FORM 3X

			Potation cultimary rage   Fort Line 15 of Fortiw 5X
AME OF COMMITTEE (In Fu VOMEN SPEAK OUT			Transaction ID: SC/10.9700
LOAN SOURCE Full Nam Susan B Anthony List, Inc.		iddle Initial)	N ☐ Memo Item
Mailing Address 1200 New I	Hampshire Ave N	W	General  Other (specify) ▼
Ste 750			
City		State	ZIP Code
Washington		DC	20036
Original Amount of Loan Cumulative Payment To			yment To Date Balance Outstanding at Close of This Perio
	77452.55		0.00 77452.55
TERMS Date Incurre	d	I	Date Due Interest Rate Secured:
11 30 Y	Ž017 Y	M   M / D   I	/ 11/30/2021 0.00 % (apr) Yes <b>x</b> No
List All Endorsers or Guar	antors (if any)	to Loan Source	
1. Full Name (Last, First, M	liddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, N	liddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, N	liddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, N	liddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This	Page (optional)		77452.55
OTALS This Period (last pag	e in this line on	ly)	
Carry outstanding halance on	ly to LINE 3 Sc	hedule D for thi	s line. If no Schedule D. carry forward to appropriate line of Summary

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 13
FOR LINE NUMBER: (check only one)

9 **X** 10

OF

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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Existing Loan owed to SBA Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Transaction ID: SD10.4157 Outstanding Balance Beginning This Period 10500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan for FEC Reporting Services Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.4110 5000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 5000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailings Expense Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.4318 5204.43 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 5204.43 20704.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

#### SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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**X** 10 NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original transactions put on SBA CC Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Transaction ID: SD10.6625 Outstanding Balance Beginning This Period 8610.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8610.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expense put on SBA CC Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.6756 4709.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4709.73 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): To post Thrifty Car Rental Expense put on Susan B Anthony List, Inc. SBA Card Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.9222 1894.83 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1894.83 15214.56 1) SUBTOTALS This Period This Page (optional)..... 35918.99 2) TOTALS This Period (last page this line number only)..... 77452.55 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 113371.54 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Basis DSP		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Mailing Address 2450 N St NW 3rd Floor				10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			Am	ount
City	State	Zip Code		14096.38
Washington	DC	20037		nsaction ID : SE.9763 e of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type 004		10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ıght: House District:
HAWLEY, JOSHUA DAVID, , ,		Oppose	Pres	sident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	40285.16	Disbursem 2018	nent For:  Primary
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Basis DSP				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2450 N St NW 3rd Floor			Am	ount
City	State	Zip Code	— F	14096.38
Washington	DC	20037		ansaction ID : SE.9765 e of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type 004		10 12 7 2018
Name of Federal Candidate:		Support	Office Sou	ight: House District:
MCCASKILL, CLAIRE, , ,		<b>x</b> Oppose	Pres	sident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	54381.54	Disbursem 2018	nent For:  Primary
·			<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures			. •	28192.76
(b) SUBTOTAL of Unitemized Independent Expenditu	<b>700</b>			
(b) 30B 101AL of Officernized independent Expenditu	65		•	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y Y Y 2019
Signature		Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 52			
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X			
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼			
				C C00530766			
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination			
Basis DSP				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2450 N St NW 3rd Floor			Amo	punt			
City	State	Zip Code	— F	12592.77			
Washington	DC	20037		nsaction ID : SE.9791 e of Disbursement or Obligation			
Purpose of Expenditure Digital ads		Category/ Type 004		10 16 2018			
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District:			
MCSALLY, MARTHA, , ,		Oppose		sident Senate State: AZ			
Calendar Year-To-Date Per Election for Office Sought	7	76102.31	Disbursem 2018	ent For: Primary <b>X</b> General Other (specify) ▶			
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination			
Basis DSP				10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2450 N St NW 3rd Floor				10 10 2010			
2.55 51 513 . 155.			Amo	ount			
City	State	Zip Code		12592.77			
Washington	DC	20037		e of Disbursement or Obligation			
Purpose of Expenditure Digital ads		Category/ Type 004		10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Francis Constitute							
Name of Federal Candidate:		Support	Office Sou	^			
SINEMA, KYRSTEN, , ,		<b>x</b> Oppose	Pres	sident Senate State: AZ			
Calendar Year-To-Date Per Election for Office Sought		88695.08	Disbursem				
	1			Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	;			25185.54			
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures							
with, or at the request or suggestion of, any candida	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Buchanan, Emily, , ,	[Electronically Fil	led]	M = M	/ D D / Y Y Y Y Y			
Signature	ыссионісану Ен	eaj Date	10	25 2018			

TEMIZED INDEPENDENT EXPENDITORES				PAGE 17 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Basis DSP			1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2450 N St NW 3rd Floor			Amo	
City	State	Zip Code	-	8175.90
Washington	DC	20037		saction ID : SE.9822 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Name of Federal Candidate:		X Support	Office Soug	ht: House District:
VUKMIR, LEAH, , ,		Oppose	Presid	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Calendar Year-To-Date Per Election for Office Sought	, , ,	50009.26	Disburseme	ent For:  Primary
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Basis DSP				10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2450 N St NW 3rd Floor			Amo	unt
City Washington	State	Zip Code 20037		8175.90 nsaction ID : SE.9824
Purpose of Expenditure		Category/	Date	of Disbursement or Obligation
Digital ads		Type 004	ا   ك	10 16 2018
Name of Federal Candidate:		Support	Office Soug	ht: House District:
BALDWIN, TAMMY, , ,		<b>x</b> Oppose	Presid	dent Senate State: WI
Calendar Year-To-Date		58185.16	Disburseme	ent For: Primary X General
Per Election for Office Sought	7	30103.10	2018	Other (specify) ▶
			_	
(a) SUBTOTAL of Itemized Independent Expenditures			· <b>-</b>	16351.80
4.000				
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Buchanan, Emily, , ,	Electronically File	ed]	M M /	25 2018
Signature		Date	e 10	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
				C 00030700
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Basis DSP			[	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2450 N St NW 3rd Floor	Amou	ınt		
City	State	Zip Code	— Г	7612.55
Washington	DC	20037		saction ID : SE.9846 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 17 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: House District:
ROSENDALE, MATT, , ,		Oppose	Presid	MT
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	46002.65	Disbursemer 2018	nt For:
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
Basis DSP			Г	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2450 N St NW 3rd Floor			Amou	int
			Alliot	
City Washington	State	Zip Code		7612.55 saction ID : SE.9847
Purpose of Expenditure	DC	20037		of Disbursement or Obligation
Digital ads		Category/ Type 004		10 17 2018
Name of Federal Candidate:		Support	Office Sough	ht: House District:
TESTER, JON, , ,		<b>x</b> Oppose	Presid	lent 🗶 Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		53615.20	Disbursemei	nt For: Primary General
rei Liettion foi Office Sought	T T		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	i		<b>.</b>	15225.10
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· .	7
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	edl -	M = M /	D D / Y Y Y Y
Signature	T	_ Date	10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 19 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
				C 000330700
Check if 24-hour report 48-hour report	New repo	ort Amends repo		" M / D " D / Y " Y " Y " Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Basis DSP				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2450 N St NW 3rd Floor			Amou	nt
City	State	Zip Code	— r	4228.92
Washington	DC	20037		action ID : SE.9877
Purpose of Expenditure Digital ads		Category/ Type 004		of Disbursement or Obligation  10  17  2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	nt: House District:
CRAMER, KEVIN MR., , ,		Oppose	Preside	□ ND
Calendar Year-To-Date Per Election for Office Sought		25556.78	Disbursemer	
E III Nove of Power	,			Other (specify)
Full Name of Payee Basis DSP		Memo		of Public Distribution/Dissemination
Mailing Address			L	10 17 2018
2450 N St NW 3rd Floor			Amou	nt
City	State	Zip Code	ΗГ.	4228.92
Washington	DC	20037		saction ID : SE.9878 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 17 2018
Name of Federal Candidate:		0	000	
HEITKAMP, HEIDI, , ,		Support Oppose	Office Sough	□ ND
		A oppose	Disbursemer	
Calendar Year-To-Date Per Election for Office Sought		29785.70	2018	Other (specify)
•				
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	8457.84
			_	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1	M M /	D D / Y Y Y Y
Signature	при применти при применения приме	_ Date	10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Basis DSP				10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2450 N St NW 3rd Floor			Amou	nt
City	State	Zip Code	— r	15036.14
Washington	DC	20037		saction ID : SE.9904 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 17 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	nt: House District:
BLACKBURN, MARSHA MRS., , ,		Oppose	Presid	ent Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	7 7	90868.41	Disbursemer 2018	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Basis DSP			Γ	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2450 N St NW 3rd Floor			Amou	nt
	Ta	I =	741100	
City Washington	State	Zip Code 20037	<b>I</b>	15036.14 saction ID : SE.9905
Purpose of Expenditure		Category/		of Disbursement or Obligation
Digital ads		Type 004		10 17 2018
Name of Federal Candidate:		Support	Office Sough	nt: House District:
BREDESEN, PHILIP, , ,		<b>x</b> Oppose	Presid	ent Senate State: TN
Calendar Year-To-Date		105904.55	Disbursemer	nt For: Primary K General
Per Election for Office Sought	7-1-1-7-		2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	30072.28
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	edl -	M = M /	D D / Y Y Y Y Y
Signature		_ Date	10	25 2018

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook, Inc.				10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way				10 12 2010
				Amount
City	State	Zip Code		10.00
Menlo Park	CA	94025		Transaction ID : SE.9742 Date of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	4	10 / D / Y Y Y Y Y Y Y 12 2018
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District:
HAWLEY, JOSHUA DAVID, , ,		Oppose		President State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 7	10.00	Disbu 2018	orsement For: Primary
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Facebook, Inc.				M M / D D / Y Y Y Y
Mailing Address 1 Hacker Way				10 12 2018
i Hacker Way				Amount
City	State	Zip Code		10.00
Menio Park	CA	94025		Transaction ID : SE.9745 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type 004	1	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
MCCASKILL, CLAIRE, , ,		x Oppose		President Senate State: MO
Calendar Year-To-Date		20.00		rrsement For: Primary X General
Per Election for Office Sought	7-1-7-	20.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	20.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		▶	
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Buchanan, Emily, , ,	Electronically File	ed1 -	M	M / D D / Y Y Y Y
Signature		Dat	e 1	0 25 2018

TEMIZED INDEFENDENT EXPENDITORES	•		PAGE 22 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Facebook, Inc.			10 12 2018
Mailing Address 1 Hacker Way			Amount
City	State	Zip Code	10.00
Menlo Park	CA	94025	Transaction ID : SE.9748  Date of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District:
HAWLEY, JOSHUA DAVID, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	30.00	Disbursement For: ☐ Primary
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Facebook, Inc.			10 12 2018
Mailing Address  1 Hacker Way			Amount
City	State	Zip Code	10.00
Menlo Park	CA	94025	Transaction ID : SE.9750  Date of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type 004	10 12 7 2018
Name of Federal Candidate:		Support	Office Sought: House District:
MCCASKILL, CLAIRE, , ,		<b>x</b> Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	40.00	Disbursement For:  Primary  General 2018  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·s		20.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized	•	
Buchanan, Emily, , ,	[Electronically File	ed] Date	10 25 2018
Signature		_ Date	لحثنا لحا لنا

TEMIZED INDEPENDENT EXPENDITURES				PAGE 23 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Facebook, Inc.				10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amo	punt
City	State	Zip Code	-	19308.91
Menlo Park	CA	94025		nsaction ID : SE.9779 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District:
MCSALLY, MARTHA, , ,		Oppose	Pres	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	22373.15	Disburseme 2018	ent For: Primary <b>X</b> General Other (specify) ▶
Full Name of Payee		Memo	1_	e of Public Distribution/Dissemination
Facebook, Inc.				10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amo	ount
City	State	Zip Code	— г	19308.91
Menlo Park	CA	94025		nsaction ID : SE.9781 e of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 16 2018
Name of Federal Candidate:		Support	Office Sou	ght: House District:
SINEMA, KYRSTEN, , ,		<b>x</b> Oppose	Pres	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	41682.06	Disburseme 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			· •	38617.82
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
( <b>1</b> ) <b>22 2 3 3 3 3 3 3 3 3 3 3</b>				
(c) TOTAL Independent Expenditures			· • [	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	ed]	M = M	25 2018
Signature		Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Facebook, Inc.		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address 1 Hacker Way			Amo	10 16 2018
City	State	Zip Code	— г	12536.38
Menlo Park	CA	94025		nsaction ID : SE.9810 e of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 1 1 1 1 1 1 1 1
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District:
VUKMIR, LEAH, , ,		Oppose	Pres	ident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		15125.42	Disbursemo	,
				Other (specify)
Full Name of Payee Facebook, Inc.		∐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address 1 Hacker Way			Amo	
City	State	Zip Code	— F	12536.38
Menlo Park	CA	94025		nsaction ID : SE.9812 e of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
BALDWIN, TAMMY, , ,		<b>x</b> Oppose	Pres	ident 🗶 Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	27661.80	Disburseme 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			· • [	25072.76
(b) SUBTOTAL of Unitemized Independent Expenditu	rec			
(b) GOD TO TAL OF OTHER MIZE OF THE PROPERTY EXPONENT			• _	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	led1 -	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	omouny 1 ti	Date	10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Facebook, Inc.				M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 1 Hacker Way			Amo	unt
City	State	Zip Code		11671.81
Menlo Park	CA	94025		saction ID : SE.9837 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Name of Federal Candidate:		<b>X</b> Support	Office Soug	ht: House District:
ROSENDALE, MATT, , ,		Oppose	Presid	dent State: MT
Calendar Year-To-Date Per Election for Office Sought	7 7	13524.07	Disburseme	ent For:  Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook, Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way				
,			Amo	unt
City	State	Zip Code		11671.81
Menlo Park	CA	94025		of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TESTER, JON, , ,		X Oppose	Presid	dent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	25195.88	Disburseme	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·		• <u> </u>	23343.62
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	led1 -	M = M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Electronically 1 to	Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		1 M / D D / Y Y Y Y
Full Name of Payee Facebook, Inc.		☐ Memo		of Public Distribution/Dissemination
Mailing Address 1 Hacker Way			Amou	10 17 2018
City	Otata	Zio Codo		
City Menlo Park	State	Zip Code 94025		6484.34 saction ID : SE.9862
Purpose of Expenditure Digital ads		Category/ Type 004		of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: House District:
CRAMER, KEVIN MR., , ,		Oppose	Presid	ND
Calendar Year-To-Date Per Election for Office Sought	7	7513.38	Disburseme 2018	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook, Inc.				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amou	ınt
City	State	Zip Code	— г	6484.34
Menlo Park	CA	94025	<b>I</b>	saction ID : SE.9863 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 17 2018
Name of Federal Candidate:		Support	Office Soug	ht:
HEITKAMP, HEIDI, , ,		<b>x</b> Oppose	Presid	dent Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	13997.72	Disburseme 2018	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	i			12968.68
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	[ed]	M M /	25 2018
Signature		Date	e 10	2010

TEMIZED INDEPENDENT EXPENDITORES				PAGE 27 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		"M / D "D / Y "Y "Y "Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook, Inc.		_	N N	10
Mailing Address 1 Hacker Way			Amou	nt
City	State	Zip Code	— I	23055.42
Menlo Park	CA	94025		action ID : SE.9890 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	- N	10 17 2018
Name of Federal Candidate:		Support	Office Sough	it: House District:
BLACKBURN, MARSHA MRS., , ,		Oppose	Preside	TN
Calendar Year-To-Date Per Election for Office Sought	7	26714.22	Disbursemen 2018	t For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook, Inc.			TN	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amou	nt
City	State	Zip Code		23055.42
Menlo Park	CA	94025		saction ID : SE.9891 of Disbursement or Obligation
Purpose of Expenditure Digital ads	1	Category/	N	
<u> </u>		Type 004		للننبا لبالت
Name of Federal Candidate:		Support	Office Sough	
BREDESEN, PHILIP, , ,		<b>x</b> Oppose	Preside	ent Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	7	49769.64	Disbursemen	t For: Primary <b>✗</b> General wither (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	46110.84
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>•</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Buchanan, Emily, , ,	Electronically File	ed]	e 10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	; 10	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 28 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
				C 000330700
Check if 24-hour report 48-hour report	New repo	ort Amends repo		" M / D " D / Y " Y " Y " Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
FP1 Strategies, LLC			T N	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1826 Jefferson PL, NW			Amou	nt
City	State	Zip Code		2141.00
Washington	DC	20036		action ID : SE.9799
Purpose of Expenditure		Cotogony		of Disbursement or Obligation
Digital ads		Category/ Type 004		10 16 2018
Name of Federal Candidate:		<b>X</b> Support	Office Sough	nt: House District:
MCSALLY, MARTHA, , ,		Oppose	Preside	ent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		91051.56	Disbursemer	nt For: Primary Seneral
Tel Election for Cines Sought	7			Other (specify)
Full Name of Payee FP1 Strategies, LLC		☐ Memo	Item Date	of Public Distribution/Dissemination
				10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1826 Jefferson PL, NW			Amou	nt
City	State	Zip Code		2141.00
Washington	DC	20036	Trans	saction ID : SE.9801
Purpose of Expenditure				of Disbursement or Obligation
Digital ads		Category/ Type 004		10 / 16 / 2018
Name of Federal Candidate:		Support	Office Sough	nt: House District:
SINEMA, KYRSTEN, , ,		<b>x</b> Oppose	Preside	ent Senate State: AZ
Calendar Year-To-Date		93192.56	Disbursemer	nt For: Primary 🗶 General
Per Election for Office Sought	7	93192.30	2018 🗌 C	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		· [	4282.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	edl -	M = M /	D D / Y Y Y Y
Signature	Lacon omeany 1 th	_ Date	10	25 2018

TEMIZED INDEFENDENT EXPENDITORES			PAGE 29 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee Hulu		☐ Memo	
Mailing Address 12312 W. Olympic Blvd			10 / 12 / 2018
12012 W. Glympic Blvd			Amount
City	State	Zip Code	6578.31
Los Angeles	CA	90064	Transaction ID : SE.9758  Date of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type 004	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District:
HAWLEY, JOSHUA DAVID, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 7	19610.47	Disbursement For:  Primary  General 2018  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Hulu			10 12 7 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 12312 W. Olympic Blvd			Amount
City	State	Zip Code	6578.31
Los Angeles	CA	90064	Transaction ID : SE.9761  Date of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type 004	10 / 12 / 2018
Name of Federal Candidate:		Support	Office Sought: House District:
MCCASKILL, CLAIRE, , ,		<b>x</b> Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	26188.78	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures	S		13156.62
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•	
Buchanan, Emily, , ,	[Electronically File	ed] Date	10 25 2018
Signature		_ Date	لحننحا لحا لغا

TEMIZED INDEPENDENT EXPENDITORES			PAG FOR	E 30 OF 52 LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				IFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			C coo	530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		D / Y Y Y Y
Full Name of Payee		Memo	tem Date of Public Dist	ribution/Dissemination
Hulu				16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12312 W. Olympic Blvd			Amount	2010
City	State	Zip Code		5876.63
Los Angeles	CA	90064	Transaction ID : S Date of Disbursem	
Purpose of Expenditure Digital ads	I	Category/ Type 004	M M / D	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: Ho	ouse District:
MCSALLY, MARTHA, , ,		Oppose	President X Se	^7
Calendar Year-To-Date Per Election for Office Sought	7 1 7	57632.91	Disbursement For: 2018 Other (specify	Primary <b>✗</b> General
Full Name of Payee		☐ Memo	tem Date of Public Dist	ribution/Dissemination
Hulu				16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12312 W. Olympic Blvd			Amount	
	Ta		, undunt	5070.00
City Los Angeles	State	Zip Code 90064	Transaction ID : S	5876.63 <b>SE.9789</b>
Purpose of Expenditure	<u> </u>		Date of Disbursem	
Digital ads		Category/ Type 004	10	16 Y 2018
Name of Federal Candidate:		Support	Office Sought: Ho	ouse District:
SINEMA, KYRSTEN, , ,		<b>x</b> Oppose	President Se	enate State: AZ
Calendar Year-To-Date Per Election for Office Sought		63509.54	Disbursement For: 2018	Primary <b>X</b> General
T et Election foi Office Sought	7 7		Other (specify	) <b>&gt;</b>
(a) SUBTOTAL of Itemized Independent Expenditures			<b>&gt;</b>	11753.26
(b) SUBTOTAL of Unitemized Independent Expenditure	res		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically File	edl -	M M / D D /	Y
Signature		Date	10 25	2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 31 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date of	of Public Distribution/Dissemination
Hulu			M	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12312 W. Olympic Blvd			Amou	nt
City	State	Zip Code		3815.42
Los Angeles	CA	90064	Trans	action ID : SE.9818 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	N	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	t: House District:
VUKMIR, LEAH, , ,		Oppose	Preside	ent X Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	1 1 7	38017.94	Disbursemen 2018 O	t For:
Full Name of Payee		☐ Memo	Item Date of	of Public Distribution/Dissemination
Hulu			M	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12312 W. Olympic Blvd			Amou	nt
City	State	Zip Code		3815.42
Los Angeles	CA	90064		saction ID : SE.9820 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10
Name of Federal Candidate:		Support	Office Sough	t: House District:
BALDWIN, TAMMY, , ,		<b>x</b> Oppose	Preside	ent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	41833.36	Disbursemen 2018 O	t For: ☐ Primary <b>X</b> General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				7630.84
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>•</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Buchanan, Emily, , ,	Electronically File	ed] .	M M /	25 2018
Signature		Date	10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 32 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date o	f Public Distribution/Dissemination
Hulu				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12312 W. Olympic Blvd			Amoun	t
City	State	Zip Code		3552.29
Los Angeles	CA	90064	Transa Date o	action ID : SE.9844 f Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	М	10 17 Y Y Y Y Y Y 19 Y 19 Y 19 Y 19 Y 19 Y
Name of Federal Candidate:		<b>X</b> Support	Office Sought	: House District:
ROSENDALE, MATT, , ,		Oppose	Preside	nt Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7	34837.81	Disbursement 2018 Ot	For: Primary <b>X</b> General ther (specify) ▶
Full Name of Payee		Memo	1_	f Public Distribution/Dissemination
Hulu			М	10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12312 W. Olympic Blvd			Amoun	t
City	State	Zip Code	— r	3552.29
Los Angeles	CA	90064	<b>I</b>	action ID : SE.9845  f Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 17 2018
Name of Federal Candidate:		Support	Office Sought	: House District:
TESTER, JON, , ,		Oppose	Preside	nt Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7	38390.10	Disbursement 2018 Ot	For: Primary   General  cher (specify)
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu (c) TOTAL Independent Expenditures	res		· [:	7104.58
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candident party committee) any political party committee or its	ate or authorized			
	[Electronically Fil	<i>led]</i> Date	10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

TIEMIZED INDEPENDENT EXPENDITORES				PAGE 33 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 04 hour report 40 hour report	Now you	Amanda rans	art filed on	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	on liled on	
Full Name of Payee Hulu		☐ Memo	Item Da	te of Public Distribution/Dissemination
				10 17 7 2018
Mailing Address 12312 W. Olympic Blvd			Am	nount
City	State	Zip Code	-	1973.50
Los Angeles	CA	90064		ansaction ID : SE.9870 te of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 17 2018
Name of Federal Candidate:		<b>✗</b> Support	Office So	ught: House District:
CRAMER, KEVIN MR., , ,		Oppose	l	sident Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	19354.36	Disbursen 2018	nent For:  Primary
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Hulu				10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12312 W. Olympic Blvd			Am	nount
0.11	0	7: 0 !	— г	
City Los Angeles	State	Zip Code 90064		1973.50 ansaction ID : SE.9871
Purpose of Expenditure		Category/	Da	te of Disbursement or Obligation
Digital ads		Type 004		10 17 2018
Name of Federal Candidate:		Support	Office So	ught: House District:
HEITKAMP, HEIDI, , ,		<b>x</b> Oppose	Pre	sident Senate State: ND
Calendar Year-To-Date		21327.86	Disbursen	nent For: Primary (X) General
Per Election for Office Sought	7 7	21027.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·			3947.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	ed1 -	M = M	/ D D / Y Y Y Y Y Y Y 2018
Signature		Date	9 10	25 2018

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Hulu 17 2018 Mailing Address 12312 W. Olympic Blvd Amount City State Zip Code 7016.87 CA 90064 Transaction ID: SE.9898 Los Angeles Date of Disbursement or Obligation Purpose of Expenditure Category/ Digital ads 004 10 17 2018 Type Name of Federal Candidate: **X** Support Office Sought: House District: BLACKBURN, MARSHA MRS., , , ΤN Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 68815.40 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Hulu 2018 17 10 Mailing Address 12312 W. Olympic Blvd Amount 7016.87 City State Zip Code Los Angeles Transaction ID: SE.9899 CA 90064 Date of Disbursement or Obligation Purpose of Expenditure Category/ Digital ads 17 004 2018 10 Type Name of Federal Candidate: Support Office Sought: House District: BREDESEN, PHILIP, , , ΤN Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 75832.27 2018 Per Election for Office Sought Other (specify) ▶ 14033.74 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 10 25 2018 Date Signature

PAGE

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OF

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		"M / D "D / Y "Y "Y "Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
i360			[	10 12 7 2018
Mailing Address P.O. Box 37046			Amou	int
City	State	Zip Code	-	1715.06
Baltimore	MD	21297-3046		saction ID : SE.9751 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 12 7 7 7 7 7 1
Name of Federal Candidate:		Support	Office Sough	nt: House District:
MCCASKILL, CLAIRE, , ,		<b>X</b> Oppose	Presid	ent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	1755.06	Disbursemer 2018	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
i360			l P	10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 37046				
			Amou	int
City	State	Zip Code		1532.12
Baltimore	MD	21297-3046	<b>I</b>	saction ID : SE.9773 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 / 16 / 2018
Name of Federal Candidate:		<b>x</b> Support	Office Sough	ht: House District:
MCSALLY, MARTHA, , ,		Oppose	Presid	ent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		1532.12	Disbursemer	nt For: Primary General
Fer Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				3247.18
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	led1	M = M /	D D / Y Y Y Y Y
Signature	<u> Биси опишну</u> Г н	_ Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of Pul	olic Distribution/Dissemination
i360			M 10	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 37046			Amount	
City	State	Zip Code		1532.12
Baltimore	MD	21297-3046		n ID : SE.9776 bursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	10	16 / 2018
Name of Federal Candidate:		Support	Office Sought:	House District:
SINEMA, KYRSTEN, , ,		<b>X</b> Oppose	President	Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 7	3064.24	Disbursement For: 2018 Other (	Primary <b>X</b> General (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Pul	olic Distribution/Dissemination
i360			M 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 37046			Amount	
City	State	Zip Code		1294.52
Baltimore	MD	21297-3046	Transaction	on ID : SE.9804 bursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	10	16 / 2018
Name of Federal Candidate:		<b>x</b> Support	Office Sought:	House District:
VUKMIR, LEAH, , ,		Oppose	President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7	1294.52	Disbursement For: 2018 Other (	Primary <b>X</b> General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	2826.64
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		<b>.</b>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Buchanan, Emily, , ,	Electronically File	<i>led]</i> Date	10 25	
Signature		_ Date		

ITEMIZED INDEPENDENT EXPENDITORES				PAGE 37 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee i360		☐ Memo	Item Da	te of Public Distribution/Dissemination
				10 16 7 2018
Mailing Address P.O. Box 37046			Am	ount
City	State	Zip Code	— I Г	1294.52
Baltimore	MD	21297-3046		ansaction ID : SE.9807 te of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: House District:
BALDWIN, TAMMY, , ,		X Oppose		sident State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	2589.04	Disbursen 2018	nent For:  Primary
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
i360				10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 37046			Am	ount
-				
City  Baltimore	State	Zip Code 21297-3046		926.13 ansaction ID : SE.9831
Purpose of Expenditure		Category/	Da	te of Disbursement or Obligation
Digital ads		Type 004		10 17 2018
Name of Federal Candidate:		<b>x</b> Support	Office So	ught: House District:
ROSENDALE, MATT, , ,		Oppose	Pre	sident Senate State: MT
Calendar Year-To-Date		926.13	Disbursen	nent For: Primary X General
Per Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	;			2220.65
			, F	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • L	
(c) TOTAL Independent Expenditures				
(c) TOTAL Independent Expenditures			• _	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	ed1 -	M=M	/ D D / Y Y Y Y Y
Signature		Date	10	25 2018

TEMIZED INDEFENDENT EXPENDITORES	•		PAGE 38 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
i360		INIGINIO	10 17 2018
Mailing Address P.O. Box 37046			Amount
City	State	Zip Code	926.13
Baltimore	MD	21297-3046	Transaction ID : SE.9834  Date of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
TESTER, JON, , ,		X Oppose	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1852.26	Disbursement For: ☐ Primary <b>X</b> General 2018 ☐ Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
i360			10 17 2018
Mailing Address P.O. Box 37046			Amount
City	State	Zip Code	514.52
Baltimore	MD	21297-3046	Transaction ID : SE.9858  Date of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	10 17 7 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District:
CRAMER, KEVIN MR., , ,		Oppose	President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7	514.52	Disbursement For: ☐ Primary <b>X</b> General 2018 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		1440.65
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•	
Buchanan, Emily, , ,	[Electronically File	ed] Date	10 25 2018
Signature			

TEMIZED INDEFENDENT EXPENDITORES			PAGE 39 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
i360			10 17 2018
Mailing Address P.O. Box 37046			Amount
City	State	Zip Code	514.52
Baltimore	MD	21297-3046	Transaction ID : SE.9860 Date of Disbursement or Obligation
Purpose of Expenditure Digital ads	ı	Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
HEITKAMP, HEIDI, , ,		<b>x</b> Oppose	President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1029.04	Disbursement For: ☐ Primary <b>X</b> General 2018 ☐ Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
i360			10 17 2018
Mailing Address P.O. Box 37046			Amount
City	State	Zip Code	1829.40
Baltimore	MD	21297-3046	Transaction ID : SE.9886  Date of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	10 17 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Sought: House District:
BLACKBURN, MARSHA MRS., , ,		Oppose	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1829.40	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures	s		2343.92
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•	
Buchanan, Emily, , ,	[Electronically File	ed] Date	10 25 2018
Signature		_ Date	لعثنعا لعا لغا

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
i360			Г	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 37046			Amou	unt
City	State	Zip Code	— F	1829.40
Baltimore	MD	21297-3046		saction ID : SE.9888 of Disbursement or Obligation
Purpose of Expenditure Digital ads	L	Category/ Type 004		10 17 2018
Name of Federal Candidate:		Support	Office Soug	ht: House District:
BREDESEN, PHILIP, , ,		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	3658.80	Disbursement 2018	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Media Bridge			Г	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11300 Astarita Ave			Amou	int
	Ta: :	I = .		
City Partlow	State	Zip Code	Tran	107.74 saction ID : SE.9795
Purpose of Expenditure	VA	22534		of Disbursement or Obligation
Digital ads		Category/ Type 004		10 / 16 / 2018
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: House District:
MCSALLY, MARTHA, , ,		Oppose	Presid	dent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	88802.82	Disburseme	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	,		· •	1937.14
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· [	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1 –	M = M /	25 2019
Signature		Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M   M / D   D / Y   Y   Y   Y
Full Name of Payee Media Bridge		Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 11300 Astarita Ave				10 16 2018
11300 Astalita Ave			Amo	unt
City	State	Zip Code		107.74
Partlow	VA	22534		saction ID : SE.9797 of Disbursement or Obligation
Purpose of Expenditure digital ads		Category/ Type 004		10 16 / Y Y Y Y Y 1
Name of Federal Candidate:		Support	Office Soug	ght: House District:
SINEMA, KYRSTEN, , ,		X Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	88910.56	Disburseme	ent For:  Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Media Bridge				10 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11300 Astarita Ave			Amo	unt
City	State	Zip Code		65.74
Partlow	VA	22534		nsaction ID : SE.9826
Purpose of Expenditure		Category/	Date	of Disbursement or Obligation
Digital ads		Type 004		10 16 2018
Name of Federal Candidate:		<b>x</b> Support	Office Soug	ght: House District:
VUKMIR, LEAH, , ,		Oppose	Presi	dent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		58250.90	Disburseme	, ,
				Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· -	173.48
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	ed1	M = M /	D D / Y Y Y Y
Signature	<u> Басы опишну Г</u> П	_ Date	10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 42 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		"M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Media Bridge				10 16 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11300 Astarita Ave			Amou	nt
City	State	Zip Code		65.74
Partlow	VA	22534		saction ID : SE.9828 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 16 7 2018
Name of Federal Candidate:		Support	Office Sough	nt: House District:
BALDWIN, TAMMY, , ,		<b>x</b> Oppose	Preside	ent X Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	58316.64	Disbursemer 2018	nt For: ☐ Primary <b>X</b> General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Media Bridge				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11300 Astarita Ave			Amou	nt
Oth	01-1-	7:- O-d-		
City Partlow	State	Zip Code 22534		56.94 saction ID : SE.9852
Purpose of Expenditure		Category/		of Disbursement or Obligation
Digital ads		Type 004		10 17 2018
Name of Federal Candidate:		<b>x</b> Support	Office Sough	nt: House District:
ROSENDALE, MATT, , ,		Oppose	Preside	ent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		53672.14	Disbursemer	,
	1 1		C	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		<b>.</b>	122.68
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	adl	M = M /	D D / Y Y Y Y Y
Signature	гисионициу F ll	Date	10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Media Bridge				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11300 Astarita Ave			Amo	unt
City	State	Zip Code		56.94
Partlow	VA	22534		saction ID : SE.9853 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 / 17 / 2018
Name of Federal Candidate:		Support	Office Soug	ht: House District:
TESTER, JON, , ,		Oppose	Presi	MT
Calendar Year-To-Date Per Election for Office Sought	7 1 7	53729.08	Disburseme	ent For: Primary <b>X</b> General Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Media Bridge		_		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11300 Astarita Ave				
			Amo	unt
City	State	Zip Code		32.20
Partlow	VA	22534		nsaction ID : SE.9879 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		M 10 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Soug	ht: House District:
CRAMER, KEVIN MR., , ,		Oppose	Presi	dent Senate State: ND
Calendar Year-To-Date		29817.90	Disburseme	ent For: Primary General
Per Election for Office Sought	7-1-1-5-		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<b>;</b>		· [	89.14
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		•
Buchanan, Emily, , ,	[Electronically Fil	ed1	M = M /	D D / Y Y Y Y
Signature	<sub>г</sub> 2000 опишиу Г Ш	Date	9 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Media Bridge		☐ Memo	Item Date	e of Public Distribution/Dissemination
Moiling Address				10 17 2018
Mailing Address 11300 Astarita Ave			Amo	bunt
City	State	Zip Code		32.20
Partlow	VA	22534		nsaction ID : SE.9880 e of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 17 2018
Name of Federal Candidate:		Support	Office Sou	ght: House District:
HEITKAMP, HEIDI, , ,		<b>x</b> Oppose	Pres	ident Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	7 7	32.20	Disburseme 2001	ent For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Media Bridge				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11300 Astarita Ave				
			Amo	ount
City	State	Zip Code		145.38
Partlow	VA	22534		Insaction ID : SE.9906 e of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004		10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District:
BLACKBURN, MARSHA MRS., , ,		Oppose	Pres	ident Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		106049.93	Disbursement 2018	ent For: Primary   General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • [	177.58
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· • [	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	ledl –	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 10	25 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
				C 00030700
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Media Bridge				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11300 Astarita Ave			Amo	unt
City	State	Zip Code	— r	145.38
Partlow	VA	22534		saction ID : SE.9907
Purpose of Expenditure		Category/	Date	e of Disbursement or Obligation
Digital ads		Type 004		10 17 2018
Name of Federal Candidate:		Support	Office Sou	ght: House District:
BREDESEN, PHILIP, , ,		Oppose	Presi	dent Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		106195.31	Disburseme	_ , _
				Other (specify)
Full Name of Payee Susan B Anthony List, Inc.		Memo	Item Date	of Public Distribution/Dissemination
Mailing Address				12 2018
1200 New Hampshire Ave NW			Amo	unt
Ste 750	State	Zip Code		3969.04
Washington	DC	20036	l l	nsaction ID : SE.9767 of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ 004		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Digital 7 (do		Type 004		10 12 2010
Name of Federal Candidate:		<b>x</b> Support	Office Sou	, <u> </u>
HAWLEY, JOSHUA DAVID, , ,		Oppose	Presi	dent Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		58350.58	Disburseme	ent For: Primary General
Fer Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	S		· • L	4114.42
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(1, 00-10-10-10-10-10-10-10-10-10-10-10-10-1				
(c) TOTAL Independent Expenditures			· • [	
				, ,
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1	M = M	D D / Y Y Y Y Y
Signature	Lacenomeuny I'u	_ Date	e 10	25 2018

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 46 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M M / D D / Y Y Y Y Y
Full Name of Payee Susan B Anthony List, Inc.		☐ Memo	
Mailing Address			10 12 2018
1200 New Hampshire Ave NW Ste 750			Amount
City	State	Zip Code	3969.04
Washington	DC	20036	Transaction ID : SE.9769 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
MCCASKILL, CLAIRE, , ,		X Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		62319.62	Disbursement For: Primary General 2018
	,,		Other (specify)
YouTube		∐ Memo	M M / D D / Y Y Y
Mailing Address 901 Cherry Ave			10 12 2018
·			Amount
City	State	Zip Code	5638.55
San Bruno	CA	94066	Transaction ID : SE.9753  Date of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	10 12 7 2018
Name of Federal Candidate:		<b>x</b> Support	Office Sought: House District:
HAWLEY, JOSHUA DAVID, , ,		Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	7393.61	Disbursement For: ☐ Primary <b>X</b> General 2018 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			9607.59
(b) SUBTOTAL of Unitemized Independent Expenditu	res		·
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized		
Buchanan, Emily, , ,	Electronically Fil	ed] Date	e 10 25 2018
Signature			

TEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 52
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		*M / D *D / Y *Y *Y *Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
YouTube			N	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 901 Cherry Ave			Amou	nt
City	State	Zip Code		5638.55
San Bruno	CA	94066		action ID : SE.9756  If Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type 004		10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	t: House District:
MCCASKILL, CLAIRE, , ,		<b>x</b> Oppose	Preside	ent X Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	13032.16	Disbursemen 2018	t For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
YouTube			TN	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 901 Cherry Ave			Amou	nt
City	State	Zip Code		5037.11
San Bruno	CA	94066	Trans	saction ID : SE.9783 of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/	- N	M / D D / Y Y Y
		Type 004		10 16 2018
Name of Federal Candidate:		<b>x</b> Support	Office Sough	
MCSALLY, MARTHA, , ,		Oppose	Preside	ent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	4 1 1 4	46719.17	Disbursemen	t For: Primary <b>X</b> General ther (specify) ▶
	, ,			ther (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	<b>3</b>		<b>•</b>	10675.66
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led]	M = M /	
Signature	при применти при применения приме	_ Date	10	25 2018

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
YouTube				10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 901 Cherry Ave				Amount
City	State	Zip Code		5037.11
San Bruno	CA	94066		Transaction ID: SE.9785  Date of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 00-	4	10 16 7 2018
Name of Federal Candidate:		Support	Office	Sought: House District:
SINEMA, KYRSTEN, , ,		X Oppose		President State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 7	51756.28	Disbu 2018	rrsement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
YouTube				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 901 Cherry Ave				10 10 2010
33. 3,				Amount
City	State	Zip Code		3270.36
San Bruno	CA	94066		Transaction ID : SE.9814  Date of Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	4	10 16 / 2018
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District:
VUKMIR, LEAH, , ,		Oppose		President State: WI
Calendar Year-To-Date			Disbu	rrsement For: Primary X General
Per Election for Office Sought	7	30932.16	2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	8307.47
(b) SUBTOTAL of Unitemized Independent Expenditur	es		▶	
(a) TOTAL landers and set Former differen				
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically File	ed]	M	0 25 2018
Signature		Dat	e 1	0 23 2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 49 OF 52 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date o	f Public Distribution/Dissemination
YouTube			М	10 16 2018
Mailing Address 901 Cherry Ave			Amour	nt .
City	State	Zip Code	<u> —</u> г.	3270.36
San Bruno	CA	94066		action ID : SE.9816  If Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	М	10 16 2018
Name of Federal Candidate:		Support	Office Sough	t: House District:
BALDWIN, TAMMY, , ,		X Oppose	Preside	ent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	34202.52	Disbursement 2018	t For: Primary <b>X</b> General
Full Name of Payee		Memo		of Public Distribution/Dissemination
YouTube			M	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 901 Cherry Ave			Amour	nt
City	State	Zip Code		3044.82
San Bruno	CA	94066	Trans	action ID : SE.9840  f Disbursement or Obligation
Purpose of Expenditure Digital ads		Category/ Type 004	М	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Sough	t: House District:
ROSENDALE, MATT, , ,		Oppose	Preside	ent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	28240.70	Disbursement	t For: Primary <b>X</b> General ther (specify) ▶
				(4) (4)
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	6315.18
(b) SUBTOTAL of Unitemized Independent Expenditur	es		<b>•</b>	
(c) TOTAL Independent Expenditures				7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Buchanan, Emily, , ,	Electronically Fil	ed1 -	M = M /	25 / Y Y Y Y Y
Signature		Date	9 10	25 2018

				FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				<u>'</u>	
WOMEN SPEAK OUT PAC					
				C C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y	
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination	
YouTube				10 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 901 Cherry Ave					
				Amount	
City	City State Zip Code			3044.82	
San Bruno	CA	94066		Transaction ID : SE.9841 Date of Disbursement or Obligation	
Purpose of Expenditure Digital ads		Category/ Type 004	4	10 17 2018	
Name of Federal Candidate:		Support	Office	Sought: House District:	
TESTER, JON, , ,		X Oppose		President State: MT	
Calendar Year-To-Date Per Election for Office Sought		31285.52	Disbu 2018	orsement For: Primary   ✓ General  Other (specify)   ✓	
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination	
YouTube		_		10 17 Y 17 17 2018	
Mailing Address 901 Cherry Ave				10 17 20.0	
cor enemy rive				Amount	
City	State	Zip Code		1691.57	
San Bruno	CA	94066		Transaction ID : SE.9868 Date of Disbursement or Obligation	
Purpose of Expenditure Digital ads	Category/ 004		M M / D D / Y Y Y Y Y 1 1 1 2 1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1		
Digital add		Type 004		10 17 2010	
Name of Federal Candidate:		<b>x</b> Support	Office	Sought: House District:	
CRAMER, KEVIN MR., , ,		Oppose		President Senate State: ND	
Calendar Year-To-Date		15689.29		rrsement For: Primary Seneral	
Per Election for Office Sought	7		2018	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			. •	4736.39	
<b>(1) 0115-5-11</b>					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Buchanan, Emily, , ,	Electronically File	ed]	M	0 25 2018	
Signature		_ Date	e 1	0 25 2018	

				FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
WOMEN SPEAK OUT PAC						
				C C00530766		
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y		
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination		
YouTube		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 901 Cherry Ave		Amount				
City	ity State Zip Code			1691.57		
San Bruno	CA	94066		Transaction ID : SE.9869 Date of Disbursement or Obligation		
Purpose of Expenditure Digital ads		Category/ Type 00-	4	10 17 2018		
Name of Federal Candidate:		Support	Office	e Sought: House District:		
HEITKAMP, HEIDI, , ,		X Oppose		President State: ND		
Calendar Year-To-Date Per Election for Office Sought		17380.86	Disbu 2018	ursement For: Primary <b>X</b> General  Other (specify) ▶		
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination		
YouTube				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 901 Cherry Ave						
Sor charry / We				Amount		
City	State	Zip Code		6014.43		
San Bruno	CA 94066			Transaction ID : SE.9896  Date of Disbursement or Obligation		
Purpose of Expenditure Digital ads	Category/ 004		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1			
Digital add		Type 002		10 17 2010		
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District:		
BLACKBURN, MARSHA MRS., , ,		Oppose		President Senate State: TN		
Calendar Year-To-Date		55784.07	Disbu 2018	ursement For: Primary K General		
Per Election for Office Sought	7 7		2010	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			▶	7706.00		
(b) SUPTOTAL of Unitemized Independent Expanditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Buchanan, Emily, , ,	Electronically File	ed]	M	0 25 2018		
Signature		Dat	e 1	0 25 2018		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 52	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼	
				C C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination	
YouTube				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 901 Cherry Ave			Amo	unt	
City	State	Zip Code	-	6014.46	
San Bruno	CA	94066		nsaction ID : SE.9897 of Disbursement or Obligation	
Purpose of Expenditure Digital ads		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		Support	Office Soug	aht: House District:	
BREDESEN, PHILIP, , ,		Coppose Oppose	Presi	TN	
Calendar Year-To-Date Per Election for Office Sought	7	61798.53	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶	
Full Name of Payee		Memo	<u> </u>	e of Public Distribution/Dissemination	
·		_		M M / D D / Y Y Y Y	
Mailing Address			_		
			Amo	unt	
City	State	Zip Code			
			Date	of Disbursement or Obligation	
Purpose of Expenditure		Category/ Type		M = M / D = D / Y = Y = Y	
Name of Federal Candidate:		Support	Office Sou	ght: House District:	
		Oppose	Presi		
Calendar Year-To-Date			Disburseme	ent For: Primary General	
Per Election for Office Sought	7-1-1-7-			Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	3			6014.46	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Buchanan, Emily, , ,	[Electronically Fil	led1	M = M		
Signature	<sub>Г</sub> ългон описану F и	<u>Par</u> Date	10	25 2018	